



STATE OF TENNESSEE
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS
DEPARTMENT OF COMMERCE AND INSURANCE
Summary Log of Professional Development Hours (PDH's) Earned

_____, _____ to _____, _____

DATE(S) OF ACTIVITY	Check (✓)* if applicable	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	PDH'S EARNED	PDH'S IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY
TOTAL					

* Check (✓) if activity is being carried over from previous renewal period (max. 12 PDH's)

CERTIFICATION

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: _____ Date: _____ Profession AND Registration No.: _____

Printed Name: _____ Certificate of Registration Expiration Date: _____

Mailing Address: _____